

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 171
Registered No. 421

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 34 Warrior Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ramon Rivera (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth Sept. 26, 1928
Month Day Year

8. FATHER
Full name Miguel Rivera

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Jalis. Co.
(State or country) Mex.

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Ingracia Gonzalez

15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 17 (Years)

18. Birthplace (city or place) Jalis. Co.
(State or country) Mex.

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 2 (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead. _____ (c) Stillborn. _____ 21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN, OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 7:30 a.m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Leyril M. Brown M.D.
Physician
(Physician or midwife).

Given name added from a supplemental report. _____
Month, day, year

Address Miami, Arizona
Filed Oct 10, 1928 C. E. Dinn
Registrar.

791-926-579

... case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each ... order of birth stated.